

# **LERATO'S HOPE: A BLUEPRINT FOR LOCAL CHURCH INVOLVEMENT IN THE HIV/AIDS PANDEMIC**

**ANTHONY RYAN**

Assignment presented in partial fulfilment of the requirements for the degree  
of Master of Philosophy (HIV/AIDS Management) at Stellenbosch University.



Africa Centre for HIV/AIDS Management  
Faculty of Economic and Management Sciences  
Study Leader: Prof J.B. du Toit  
March 2009

**Declaration**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2009

## **Abstract**

Given the reality of the ravages of the HIV/AIDS pandemic in South Africa, the local church cannot remain silent and inactive. Lerato's Hope is a local, urban, church based approach to addressing the HIV/AIDS related needs of the surrounding communities in a sustainable and meaningful way, using church based organizations and volunteers.

The story of Lerato's Hope is one that every church could and should seek to replicate in its response to the pandemic.

## **Opsomming**

Die plaaslike kerk kan nie langer stil en onaktief bly nie gegewe die gevolge van die HIV/VIGS pandemie in Suid-Afrika. Lerato's Hope is 'n plaaslike, stedelike, kerkgebaseerde benadering om HIV/VIGS en verwante behoeftes in die omliggende gemeenskappe aan te spreek. Dit word gedoen op 'n volhoubare en sinvolle manier deur gebruik te maak van kerk-gebaseerde organisasies en vrywilligers.

Die storie van Lerato's Hope is een wat elke kerk kan nastreef en behoort te implimenteer in antwoord op die pandemie.

## **Table of Contents**

1.	Background Information	1
2.	The Problem Stated	2
3.	The Initial Solution Proposed	4
4.	A Better Right Answer	10
5.	Quo Vadis	14
6.	Bibliography	17

Addendum A: Lerato's Story

Addendum B: A SWOT analysis process

## **1. Background information**

Pinelands Baptist Church (PBC) constituted on 16<sup>th</sup> August 1948 and applied for recognition and affiliation to the Baptist Union of Southern Africa and the Western Province Baptist Association in the same year. (Holmes, 1998). Since inception, it has grown proportionately to the growth of the suburb of Pinelands, and today has a membership of just on 300. (Mitchell, 2007).

Pinelands is a middle class suburb that was founded as South Africa's first Garden City, in 1919 (Garden Cities, 1972). For the next 70 years the suburb grew into a upper middle class residential neighborhood, fairly insular and self sufficient. Four primary schools and a high school were established, as were two hospitals and a local retail shopping centre. There are 9 old age homes/retirement villages in the suburb. Pinelanders, while having to adapt to the macro political changes, remained largely self sufficient and unaffected by the socio and economic plight of the greater Cape Town municipal area.

For PBC, the first 50 years of its existence were characterized by the normal growing pains of a suburban church, and it was not until 1999 that the members of PBC, and the world at large, were confronted with a challenge that would require a response greater than any previous response it had been asked to make – the awareness of the HIV/AIDS pandemic, and the need for the Church to be seen to be addressing the issues associated with the pandemic.

For the members of PBC, this awakening came about as a direct result of a service conducted by Toby Brouwer, a YWAM missionary who had started a home for HIV infected children in Lower Crossroad, a suburb 15 km from the insular Pinelands community. For the first time, the suburban bliss of the congregants was shattered by a challenge that was daunting, but one from which many felt we could not walk away – how were we as a congregation going to respond to the realities of the HIV/AIDS pandemic?

The church's sentiment was probably best reflected in the words of Alta van Wyk, who said:

The AIDS pandemic can only be countered if fought on all fronts, that is, if the church and all other religious institutions are willing publicly to preach about behaviour change and become actively involved in caring for sick and orphaned people. *If they fail to do this, their failure will probably become one of the greatest failures by organised religion ever witnessed in the history of humankind on this earth.* If religious institutions fail humanity in this crisis, they will forever compromise the credibility of all organised religious institutions and bring into question their relevance and role in contemporary and future society" (van Dyk, 2001:321).

There was a real ground swell of interest in the HIV/AIDS pandemic, and the first challenge was to formulate a suitable response that would create a viable and sustainable church-based initiative to the church's call to be relevant to our society and true to our calling.

## **2. The problem stated**

Pinelands Baptist Church had to find a way to make a meaningful and sustainable response to the realities of the HIV/AIDS pandemic. The initial response was to call a meeting of interested church members in order to brainstorm a way forward. A structured process, the Enterprise Development Model, (see Addendum B) was used to help establish an accurate 'current reality' regarding the composition and passion of the church, as well as a 'desire future' in which PBC would be functioning as a relevant centre of hope in an increasingly HIV+ world.

The value of this process was that it was very inclusive, and the methodology resulted in a significant degree of buy-in and ownership of the end product. The 'current reality' picture of PBC revealed:

- A mature suburban church with a membership of 250 people.
- A fairly static membership role.
- A focus on foreign missions, supporting 9 missionaries outside South Africa, but with no local missions focus other than a yearly one week teen mission trip to the former Transkei
- The age split was 40% over 50years, 22% in the 30-40 age group, 18% in the 20-30 age group and 20% under 20 years.
- The church staff consisted of a senior minister and two assistants, one for the seniors and one for the youth.
- The church services tended to be traditional in the mornings and contemporary in the evening.
- The Sunday School and Teen Church had 120 attendees
- There were 13 'Life Groups" which met midweek for fellowship and teaching
- The suburb of Pinelands had 10 churches servicing the population of 10,618, of which 84% were White, and 87% English speaking (Census 2001),
- The suburb was home to four primary schools and two high schools.
- The respondents felt the call of God to do more than they were currently doing, and the HIV/AIDS challenge was foremost in most minds

The consensus picture that emerged as a desired future was that of:

- A Church that was growing numerically.
- A Church that was relevant to both its community and to society at large.
- A Church that offered all attendees a place of significance and service.
- A Church that made a difference to the world.
- A Church that was committed to addressing the 'hard issues and places' of Christianity in a South African context.

The group that then met to address the challenge of making a difference in the world and addressing a 'hard issue/hard place' was tasked with exploring



the possibility of PBC starting some form of HIV/AIDS ministry. The mandate was that the recommendations from the group should include an inclusive strategy that would allow the whole church to become involved in a sustainable way. It was felt strongly that a critical success factor would be to ensure broad based participation in and ownership of the agreed to strategy.

### **3. The initial solution proposed**

The sub-committee came up with a strategy that seemed to meet all these needs by proposing some short term wins that would allow the Church to build momentum as it began to address the bigger challenge.

Four 'quick win' programmes were launched early in 2000 that would allow for broad based congregational participation and an immediate response to identified needs. It was agreed that being a largely 'white' urban church, our efforts would most successful if we identified and partnered with an existing faith-based organizations that were working in HIV affected communities, and that had clearly stated needs that we could meet. The organizations chosen were the Beautiful Gate Home for Children in Need ([www.beautifulgate.org.za](http://www.beautifulgate.org.za)), situated 14km from PBC, and Izandla Zethemba, a home base care organization 8 km from PBC.

The initial programmes were:

#### **Friends of Beautiful Gate Sunday School**

This programme met Beautiful Gate's need of addressing both the spiritual needs of the children in their care and of providing stimulation for the children on a Sunday when the home was run on a skeleton staff. This programme was staffed by teenage and young adult volunteers from the PBC community. This cohort was targeted as they had the advantage of having been schooled in a 'normalised' education environment and they had far less of the emotional and racial baggage that the older generation members had. This younger cohort had played school sport at township venues, against multi-racial teams,

and they were prepared to go into areas that adults wouldn't consider entering.

In these pre-anti-retroviral days the Beautiful Gate children were invariably sick with symptomatic infections, and a programme was drawn up to educate the volunteers about HIV/AIDS and the risks associated with body fluids and in working with sick children. After attending the training course, two teams of volunteer teachers began a very effective Sunday school ministry that ran for 11 months. The programme was only terminated when a vehicle transporting some of the youngsters was ambushed and shot up – there were 7 bullet holes in the vehicle, but no physical injuries to the passengers. The emotion scarring was very real though, and parents, understandable, withdrew permission for their children to volunteer be part of this ministry.

Overall, this programme was successful, notwithstanding its early termination. It allowed PBC volunteers to develop a 'first contact' with HIV infected and affected children, with their care givers and with the realities of township life. Many of the volunteer/child/care giver relationships formed in this Sunday School project are still strong and form the basis of ongoing ministry opportunities between PBC and the Beautiful Gate community.

### **The Winter Warmth Programme**

This programme tapped into the elderly female PBC members who were knitters. This cohort had little if any exposure to the post apartheid realities of South Africa, and the programme was designed so they could contribute in a significant way without leaving the relative safety and comfort of their known world. We obtained a list of sizes and knit-ware requirements for the Beautiful Gate children and made these needs known to the church. Many individuals responded by knitting articles at home and bringing them to the church for distribution. The Missionary Work Party, an existing meeting of older women, agreed to meet monthly to knit together. The knitters did a wonderful job, and photographs were taken of the recipients of their efforts, and this feedback kept the programme running – it is now in its 8<sup>th</sup> year. Many of the faithful contributors to this programme have never left the comfort of their suburb, yet

they have felt that they have been able to make a meaningful contribution to a cause they embraced, albeit at a distance.

This programme has tapered off slightly over the years as the emotive driver of knitting for infants is no longer there – the rollout of ARVs has seen the needs shift from knitting for infants to knitting for pre teens and somehow, this hasn't fired the imagination to the extent that the initial need did.

### **The Food Parcel Programme**

This programme was initiated by providing a dietician approved list of dry goods, and challenging PBC members to 'add an item' when doing their weekly shop. Collection bins were placed in the church foyer, and an inter-generational volunteer work team met regularly to pack food parcels for distribution to HIV/AIDS affected families that had been identified by the Beautiful Gate community support team. The food parcels were also supplied to the Lower Crossroads Baptist Church, who wanted to start an outreach to HIV affected families – they used the food parcels as a 'door opener' to further local church support of the recipient families. The Izandla Zethemba care givers also tapped into this resource, and food parcels were distributed to needy families that the care givers identified. The food parcel programme received a real boost when the local school community in Pinelands began to hold collection drives for Lerato's Hope, and it wasn't long before the Food Parcel Programme became the main focus of our efforts. This programme allowed for good volunteer participation in the packing and preparation of food parcels, and it allowed many to feel ownership of the project through relatively small donations and contributions. The programme soon grew to the extent that our recipient organizations began to request specific numbers of packages every month, and we had to step up from a programme that shared out what came in to one that purposefully ordered and supplied predetermined numbers of food packs. In order to streamline this process we entered into a strategic alliance with Manna Community Food Service in Salt River, Cape Town, a NGO that undertook to bulk pack food parcels and deliver them for us. With hind sight this was a move of convenience, but a short sighted move – we gained efficiency and convenience, but lost an opportunity for members to make a hands on contribution through the packing and distribution of the

parcels. It was resolved to address this unintended consequence of the Manna decision by, at a future date, when suitable accommodation could be found, reverting to creating opportunities for volunteers to retain a hands on involvement through packing and distributing food parcels.

### **Clothing/Toy collection Programme**

This programme started with the church membership, but was soon embraced by the whole Pinelands community. As the word was spread, through the church and into the community, that there was a collection point for clothing that children in the community had outgrown, as well as for serviceable second hand children's toys, an avalanche of clothing and toys arrived. Unfortunately, many of the donations were in an embarrassing condition, and there was some resistance from the volunteer sorters to passing on broken toys and threadbare clothing. The Izandla Zethemba, care givers in Gugulethu assured us that everything was of value to someone, and they undertook to distribute all the collected items to HIV affected families. The recipient families could either use the donated goods themselves, or they could sell them into the community and generate an income stream to meet their fiscal needs.

A key learning from this programme was the reality that people in need should be allowed to express how best to meet their need themselves, without the donor organization dictating what should be done with donations. With the distribution of donated clothes and toys this meant coming to grips with the reality that for the recipients of donations there was, at times, more value to be gained through the selling of the donation than through the use thereof. Basically, a family without food was better off selling the toys/clothes in order to raise money to buy food than they were if they wore the clothes and played with the toys but had nothing to eat. Our initial requirement that the recipients of clothes and toys do not sell these items was soon replaced by the acceptance that the recipients needed to be empowered to use the donations to meet their most pressing need – and if that was food, it was acceptable for them to sell the donated goods to generate the cash needed for food or medical purchases.

Concurrently with the launch of these programmes, a steering committee was formed to have oversight over the programmes as well as to explore the various structures that would best serve this initiative. This committee consisted of the Senior Pastor, the Church secretary, and six members who were passionate about the cause – they included a medical doctor, a clinical pastoral therapist, a physiotherapist, a lawyer, a graphic designer and a business man. It was agreed that while it should be an integral part of the PBC programme, the church's HIV/AIDS initiative would not be part of the church budget – the initiative should be self funding and should focus on the involvement of people, rather than on the receiving of their money. The committee met with Richard Rosenthal, an attorney who specialized in setting up NGO type structures, and under his guidance and direction, a section 21 company, "Lerato's Hope" ([www.leratoshope.org.za](http://www.leratoshope.org.za)) registration number 2003/007170/08, NPO number 032-481, PBO number 930007514 was established. This process was quite drawn out and cost close to R10,000 to see it to completion, but it was a valuable exercise in helping Lerato's Hope to clarify its mission, vision and objectives, as well as helping us to establish sound accounting and accountability processes up front.

While the take up of these projects by the church membership and community gave us our quick-win, the steering committee was also grappling with the medium and long term goals of this ministry. In our initial deliberations the leading was very much towards the establishment of a hospice. The children at Beautiful Gate were housed in premises made available to the organization by SA Breweries. They were purpose built by the Brewery as accommodation for their defunct internship programme, and were not ideal for use as a children's home. The children were housed in dormitories sleeping 6 to 8, depending on the bed/cot configuration, with no specific area for the accommodation of the 'final stage' children. Because there was no provision for care for children in the final stages of their illness, it was not uncommon for the children to wake up in the morning to find that one of their playmates had died during the night in the very room in which they were all sleeping together.

An initial response to this situation was to refurbish a small store room in one of the cottages to be used as a place of quiet and sanctity for the final stage children. This was seen as a one off and short term project that would tide us over until appropriate premises were identified for us to create a purpose build hospice. Over three weekends, volunteer teams from PBC painted and decorated this room, and collected suitable furniture and furnishings.

The next 18 months were spent in a frustrating and futile search for appropriate premises. The initial thinking was that the hospice would be located close to PBC, enabling church members to participate in the care and nurture of the sick children – teenagers pushing toddlers in prams and children on swings, grannies knitting for the children and reading them stories – we had a picture of the community being fully engaged in helping address the realities of HIV/AIDS without having to leave the comfort zone of their community. But this was not to be – premises were identified at Cape Youth Care, but their board didn't give the final approval. Premises were identified at the Alexandra Institute in Maitland, but the State couldn't agree on how to go into a joint venture with an NGO. Premises were identified at St Joseph's home, but at the last turn their board got cold feet.

It was an incredibly frustrating time for the Church and for the steering committee, and we often wondered where God was in the whole process. With hindsight, He was in complete control, because by mid 2002 the children of Beautiful Gate were included in an ARV trial sponsored by Kids Positive, and from the day the trial started, thanks to the excellent programme co-ordinated by Dr Paul Roux and the staff of G25 at Groote Schuur Hospital, and the strict compliance regimen at Beautiful Gate, the number of children dying has dropped dramatically, negating the need for a specific hospice. Had our plans for a hospice come to fruition, we would have had a functional facility, but one that was geared to meet a need that had dissipated from the organizations that we were supporting. While the pandemic was still killing children, the children who were the focus of our ministry were in the remission phase of their HIV journey, and they had many other needs that were greater

than the need for a hospice. It was these needs that became the focus of PBC's HIV/AIDS ministry, now known as Lerato's Hope.

#### **4. The Current Situation: A Better Right Answer**

From its humble beginnings, Lerato's Hope has evolved over the past 6 years into a dynamic and fluid organization with an annual budget of R450 000, two paid staff members and a number of sustainable and relevant programmes. A key principle adhered to by the board has been the sustainability of projects that have been taken on, and many of the initial projects are still running efficiently and are making a significant impact on the lives of children and families affected and infected by HIV. Along the way we have learnt some hard lessons about what NOT to do, and have embraced a number of new or expanded projects.

The project that failed was one aimed at entrepreneurship and the use of micro loans and mentoring to assist suitable candidates. The selection criteria were that the applicants had to have a 6 month record of attendance of, and participation in, a HIV support group run by the care givers from the Beautiful Gate organization. Candidates endorsed by the support group coordinator were then linked to a PBC mentor who assisted then in developing a suitable business case for the micro enterprise of their choice. Lerato's Hope then supplied start up capital and bridging finance, as well as ongoing mentoring, to kick start the micro enterprise. The initial applicants were all women, and all made excellent progress in the first months of their business. One bought a deep freeze and sold chicken from her home; another bought a sewing machine and did garment repairs from her home, while a third tried her hand at starting a second hand clothing business, repairing, laundering and selling clothing that was donated to Lerato's Hope. In every case the business failed when spousal jealousy entered into the equation and the women's 'husbands' sold the fixed assets and stole the profits made by the women. It seemed as if the men felt disempowered when the women began to succeed in their ventures, and they turned on their spouses.

After the third business failure, the board took a decision to NOT continue with small business loans and mentoring – our mentoring expertise didn't really meet the unique needs presented by doing business in a township. It was also felt that the success enjoyed by the women entrepreneurs was actually detrimental to their relationships with their male partners. In two of the three situations the male partners had physically abused the successful women entrepreneurs when stealing their money and/or income generating equipment. The board felt that the needs of potential small business people and entrepreneurs would be better served through collaborative ventures with Learn to Earn, an NGO with 20 years of township small business experience, and we referred all potential candidates to them for training and mentorship.

Projects that have changed or grown in scope are:

### **The Friends of Beautiful Sunday School, which became The Friends of Beautiful Gate Programme**

The physical dangers of taking PBC members onto the Beautiful Gate campus was a major deterrent to the sustainability of the Sunday School ministry – after volunteers were shot at, hijacked and intimidated as they travelled down Lower Landsdowne Road, fewer and fewer were willing to make the trip. The decision was then taken that if we couldn't go to the children, we would bring them to us, and a programme of Saturday outings was launched. The children at Beautiful Gate were divided into four groups, and every Saturday one of the groups is transported to Pinelands Baptist Church, where they are met by a team of volunteer workers. The composition of the children and the volunteer teams remained constant, allowing for meaningful relationships to develop between the volunteers and the children. The volunteers would then run a programme for the children, either at the Church, or at a child friendly venue. Favorite excursions have been to the seals at the Waterfront, to Scratch Patch, to the Butterfly Farm, to Tygerberg Zoo and to the beach. Each outing has a bible story slot, and ends with a hotdog and juice meal before the children are returned to Beautiful Gate.



### **The Izandla Zethemba Project**

While we continue to supply food parcels to Izandla Zethemba, the board realized that in addition to material goods, the workers at Izandla also needed support and mentoring. Funding was obtained to employ a Clinical Pastoral Therapist who runs both one-on-one and group sessions for the care givers. Lerato's Hope has also partnered with Izandla in sponsoring community HIV/AIDS awareness campaigns and education initiatives in the Gugulethu area. Their Orphan and Vulnerable Children programme has also been supported through the provision of training in the Lost and Found programme to assist the workers in facilitating healing workshops for children who have lost family members due to HIV/AIDS.

### **The Food Parcel Programme has grown into The Food Pantry**

Lerato's Hope now provides and delivers non-perishable food to Beautiful Gate, Izandla Zethemba, Ubuntu and Sunshine Crèche, providing assistance to over 500 families per month. There are plans in the pipe line to acquire a warehouse in the Pinelands/Ndabeni area to allow Pinelands residents to become involve in the packing and preparation of food parcels. The current process, while efficient, is rather clinical, and the board believes that there is an opportunity to create a greater sense of ownership of the Food Panty project if we create opportunities for physical involvement in the packing and sorting of food parcels.

The collection and distribution of clothing, furniture and toys continues as before, except on a larger scale, necessitating the purchase of a large pre fabricated shed, which was erected on the PBC campus, and which serves as a store room for donations – the shed is cleared on a weekly basis, and every effort is made to ensure that there is minimal delay between a donation being made and a needy family's need being met.

Several new projects have been taken on board. These are:

**Sunshine Crèche**, a Lower Crossroads, church based child care facility that is provided with food packs to ensure that the 50 children get at least one balanced meal a day. In addition to the food packs one of the PBC volunteers has taken on a mentoring role for the care givers, and has provided them with ongoing training and support over the years. The leadership of PBC has also joined with Lerato's Hope in providing the sponsoring church leadership team with support and mentoring. The vision is that the Lower Crossroads Baptist Church will be able to use the Sunshine Crèche as a flagship project to reach the HIV affected community that it seeks to serve.

### **Ubuntu**

This is a young NGO operating in Barcelona, one of the poorest areas of Gugulethu. Ubuntu seeks to empower families to deal with the challenges of HIV, TB and poverty, while at the same time creating a safety net around vulnerable children and orphans. One of Ubuntu's key activities is their Breakfast Club. Lerato's Hope provides food which feeds dozens of children everyday before they go to school. This Breakfast Club serves as a springboard for intervention into families, especially with respect to HIV and AIDS awareness and support. The Lerato's Hope board has also assisted Ubuntu with strategic planning and mentoring support.

### **HIV/AIDS Education**

Lerato's Hope is committed to all initiatives involving AIDS education and the mentoring and support of workers in the HIV/AIDS field. We actively seek out opportunities to co-sponsor education events and to provide HIV/AIDS workers with clinical pastoral therapy to church based groups in the Gugulethu area. We sponsor and facilitate a course called "Lost and Found" which is specifically aimed at secondary school children who have, or who are, experiencing significant loss through either divorce/separation or bereavement because of HIV and AIDS within the family unit.

## **Hospital Parent Care**

This programme has its roots in the number of times Lerato was hospitalized at either Groote Schuur Hospital, or at Red Cross Children's Hospital. The experience at both facilities was that while the children often received excellent treatment, their parents were often ignored by the hospital authorities. Lerato's Hope then began a programme of visiting the parents, often from upcountry, who were 'ward prisoners' – required by the hospital authorities to be with their children in the ward, but for who no provision was made. Ward visitors from Lerato's Hope provide toiletry packs for the parents, and provide changes of clothes and basic laundry facilities when these are needed.

## **Lerato Support**

This programme came about when Lerato was formally adopted by one of the Church families in June 2008. The board took a decision to provide practical support for Lerato's family by funding aftercare for her, as well as by creating a fund to cover her future education requirements as she is both hearing impaired and epileptic, both of which conditions may well require specialist education solutions. Thus far this programme has been very successful, and Lerato has made the transition from Vukani Primary, a Xhosa medium school, to Mary Kihn, an English medium school for the hearing impaired, with remarkable ease – she even won awards at the school prize giving for courtesy and for hard work. Where other foster/adoptive families are found that would benefit from similar support, they will be added to the programme.

## **5. Quo Vadis**

From small beginnings, through the local Church looking for sustainable ways in which to impact the HIV/AIDS pandemic, Lerato's Hope had grown into an organization with a four fold vision:

- **To give a voice** to the plight of poor families and communities affected by HIV and AIDS, and the organizations that support them.

- **To inspire churches** and the urban community to connect meaningfully with grassroots organizations who are working with families and communities affected by HIV and AIDS
- **To play a vital role** in supporting grassroots organizations in the prevention of HIV and the care, treatment and empowerment of families and communities affected by HIV and AIDS
- **To show the love and compassion** of God for the poor and sick by serving families affected by HIV and AIDS.

The existing programmes have sustainability and meaning, and bear testimony to the ability of the local church to be relevant in the fight against HIV and AIDS.

The board has approved two exciting new programmes for 2009:

- Lerato's Hope will cover the cost of employment of a medical doctor with extensive HIV/AIDS experience, and this doctor will be deployed at the local Crossroad Clinic one day a week.
- The WCED has given a commitment that as part of its "Each One Reach One" initiative, Lerato's Hope will be the recipient of a month long food drive to be held in all WCED schools in 2009. We have previously been the recipients of this programme, and anticipate significant opportunities to address school assemblies and educators on the impact they can make in their communities, as well as being able to up the quantities of food distributed to our partner organizations.

As Lerato's Hope has built its track record through compliance to the NPO reporting and auditing requirements, so donor confidence has grown, and increasingly funding is being sourced for corporate CSI programmes and trust funds. The board is in the process of looking for additional members to enable it to comply with the racial composition required by the LOTTO organization. The appointment of two paid staff members, has increased our efficiency and

response rate, and has assisted in keeping open communication channels between the organization and its volunteer members.

Challenges facing Lerato's Hope are three fold:

- As the global economic forecasts continue to preach doom and gloom, it is anticipated that funding from international donors may diminish. One of our key supporters, Global Connect, a ministry of Willow Creek Community Church in Chicago, has already indicated that it may have to cut back on its sponsorship of certain programmes.
- Another major challenge facing Lerato's Hope is the ongoing inability of the Department of Health to address the meaningful rollout of ARVs. It is hoped that the recently appointed Minister of Health, Mrs. Hogan, will be able to expedite the rollout of ARVs and better manage the information around the full extent of the pandemic in South Africa.
- The final challenge facing Lerato's Hope is the challenge of encouraging other local churches to address the local needs presented by the HIV/AIDS pandemic. The success of Lerato's Hope can be largely attributed to the fact that it chose sustainable, local and practical projects that gave local church members the opportunity to serve without expecting them to jump out of their comfort zones. As volunteers made tentative efforts assisting in projects within their comfort zones, so their comfort zones expand and the volunteer pool of people prepared to venture out of their comfort zones is increasing. Our challenge is to keep our volunteers growing and contributing, which encouraging other churches to join in the broad ministry to those affected and infected by HIV/AIDS.

## **6. Bibliography**

Augustyn, Johan (2007) MPhil Classnotes, Stellenbosch, WEBCT

Bryanston Methodist Church (<http://www.bmc.org.za/html/contact.html>)

CAPA HIV/AIDS TB & Malaria Network – Desk review (2001-2005)  
<http://hivaids.anglicancommunion.org/hiv/review/background.cfm>

Christensen, Larry B (2007) Experimental Methodology. Boston: Pearson International Inc

Garden Cities (1972) Fifty Years of Housing, Pinelands ,Garden Cities Press

Holmes, Ray (1998) The Pinelands Story. Private Printing for PBC

Lerato's Hope, Annual Report 2007, Published by Pinelands Baptist Church, Pinelands

Living Hope Community Centre (<http://livinghope.co.za>)

Mitchell, Q (2007) BU Returns: PBC 2007. Unpublished annual report to the BUSA

SACC Annual Report 2005. (<http://www.sacc.org.za>)

Van Dyk, Alta (2001) HIVAIDS Care and Counselling, Cape Town, Pearson Education

## **ADDENDUM A: LERATO'S STORY**

Lerato was born on 1 December 1998, and was in all probability the victim of mother to child HIV/AIDS transmission. She was placed in Beautiful Gate by the Department of Social Welfare when she was 18 months old. She was amongst the worst cases of child abuse that the social workers had encountered, and was a malnourished, introverted and very silent child, locked away in her own world. While she gained strength and weight thanks to the love and attention of the Beautiful Gate staff, her survival chances remained minimal.

The youth and young adults of Pinelands Baptist Church first met Lerato when they ran the Sunday School at Beautiful Gates in 2000, and she made a deep impression on my eldest daughters. During January 2001, when Lerato was admitted to hospital, with very little chance of lasting the week, my daughters began a bedside vigil that soon included the whole family. We would spend hours with Lerato. She was oxygen dependent, and had tubes in her nostrils, and tubes coming from her head and most of her limbs.

All the focused attention seemed to trigger a response in Lerato, and soon her eyes got something of a sparkle when visitors arrived. The pediatric professor in charge of the ward gave my wife Sue a real dressing down for allowing our children to become emotionally attached to a dying child – tell them to 'go to parties' he said, 'it will be better for them.' We chose to ignore his well meant advice, and after about a week, one of the interns in the ward arranged for Lerato to have a procedure to drain fluid for her heart. This meant a transfer to The Red Cross Children's Hospital and more specialised attention for Lerato, who continued to surprise us all with her will to live. By early February, she was ready to be discharged from hospital and our family was faced with 'Lerato-less days'. Or was there an alternative?

After much discussion with Beautiful Gate we were able to become Lerato's weekend 'foster family'. We fetched her on Friday afternoon, and returned her on Sunday afternoon, a strategy that all felt would be in Lerato's best interest.

And for 8 months, it was. She had a number of set backs, with hospital stays for Impetigo, pneumonia, and TB, but all in all her brain was growing faster than her HIV positive status was wasting her, and we all loved having her as part of our family.

In September 2001, while returning Lerato to Beautiful Gate at 5pm on a Sunday afternoon, the Ryan family became the victim of senseless township violence, when we were shot at by would be hi-jackers. By the Grace of God alone, the shots fired into the car missed their human targets, and we were able to accelerate out of the ambush, emotionally shattered, but physically intact. As neither the local police nor the township authorities were able to offer us any sort of security in travelling into Crossroads to get to Beautiful Gate, we were faced with tough decisions. Unfortunately, we had to re-think the Sunday School involvement as parents were understandably very apprehensive about allowing their children into an ungovernable situation.

One of the international volunteers working at Beautiful Gate, lived in our suburb, and she was able to 'home deliver' Lerato early on a Friday, and then collect her again on a Monday, thus overcoming the police recommended weekend curfew on township travel, an arrangement that continued till the townships situation abated somewhat.

Our exposure to Lerato and her world, coupled with our inability to travel into the townships, was the catalyst for the founding of Lerato's Hope as a section 21 NPO whose mission it is to support children and families affected by HIV.

In 2002 Lerato was accepted as a candidate for an anti-retroviral trial being conducted by Dr Paul Roux of the Endocrine Clinic at Groote Schuur Hospital. Six years later she remains part of the excellent programme run from G25, Groote Schuur.

Lerato started her schooling at Vukani Primary, Crossroads, in 2006. Due to large class sizes and her compliant nature, no provision was made for her hearing impairment, and she repeated grade 1 in 2007.



In June 2008, the Ryan family formally adopted Lerato and she was transferred to Mary Kihn School for the Hearing Impaired. She has flourished in the smaller Grade 2 classes, and has made the adaption from Xhosa to English education amazingly well. She has recently passed into Grade 3, and received an award for courtesy, and one for good progress at the school year end function.

Her health remains fragile, and in addition to her anti-retroviral regimen (Nevirapine, Lamivudine and Stavudine) she takes Lamotragine to control her epilepsy. She does however have a never say die attitude and her days are filled with imaginative play, laughter and living life to the full.

## **ADDENDUM B**

### **The Enterprise Development Model - A process tool for Church Mobilization**

Purpose: To allow large groups of people to build a consensus picture of their current reality and then co-create a common future and the key activities needed to achieve the desired future.

Equipment needed:

- 1, White board
2. Flip Chart paper
3. Koki pens
4. Pres-stick
5. A6 size sheets of paper
6. Self-adhesive voting dots

Methodology:

1. Divide participants into equally numbered groups.
2. Each group must produce a poster of a coat-of-arms with four quadrants. Q1 must be a picture of how others see our church. Q2 a picture of how we see our church. Q3 must be a picture of how we see our community and Q4 a picture of the greatest challenge currently facing the church.
3. After 45 minutes the groups reconvene and a spokes person from each group shares the meaning of their poster with the big group.
4. The facilitator notes common themes on the white board/flip chart.
5. The same groups then co-create a poster that shows a picture of what they would like the church to look like in 10 years time. Participants are encouraged to use metaphors and reach consensus on the story that will be told to the large group.
6. After 45 minutes the groups reconvene and a spokes person from each group shares the meaning of their desired future poster with the big group.
7. The facilitator notes common themes on the white board/flip chart.

8. Having established consensus pictures of the current reality and of the desired future, the groups are then asked to brainstorm the action steps that are needed to move from the current reality to the desired future. These action steps are recorded on the A6 cards.
9. After 30 minutes, the groups reconvene and share their action steps. The facilitator collects the cards as they present, and clusters common themes on the white board.
10. All participants then get 3 voting stickers and get to vote for the three actions that will be the greatest levers to move from current reality to desired future.
11. The facilitator then wraps up the session by confirming the consensus future the group have co-created and by asking the group to align with one of the key thrusts that have emerged as the top three 'must do's'.
12. These three groups then meet for 15 minutes to discuss a way forward and come up with a quick win and short, medium and long term goals to meet the thrust they are championing.
13. Groups then meet quarterly to ensure that the key thrusts continue to receive attention and focus.